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(R€	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Cortification	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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10HChang Thewis,

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1308, Florida Sta ange is submitted for a corporation organized under the laws of the State of Fl er to change its registered office or registered agent, or both, in the State of Flor	ORIDA		-
1. The name of	the corporation: OSCEOLA BUSINESS MANAGERS, INC.	·		
	office address: 2460 SAND LAKE RD., ORLANDO, FL 32809			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/22/1994 Document number: P94000092	2580		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	MICHAEL D. CROSBIE			
	2460 SAND LAKE RD.			
	ORLANDO, FL 32809	1	~	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECREW ALLAHA	2008 APR	7
	CFRA, LLC	SSEE Year	28	
	4221 W. BOY SCOUT BLVD., 10TH FLOOR	0F S	PH 4:	
	(P.O. Box NOT acceptable) TAMPA, FL 33607	SAIC.	ի ։ 56	
The street addre	ess of its registered office and the street address of the business office of its representation.	egistere	ed agen	ıt,
Such change was authorized by the	as flutherized by resolution duly adopted by its board of directors or by an of the corporation has been notified in writing of the change.	ficer so) -	
(Signatu	Malcola Wright Wright (Printed or typed name and title	, Pr	s. d	eat
I hereby accept I further agree to of my duties, an accument is beit corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	ete perj igent. (confirm	forman Or, if th that th	ce us 1e
yce	gnature of Registered Agent) GU (Date)		<u>. </u>	
If signing on be	half of an entity:			
Joge	f. Benhobo			
$\bigcup_{\overline{}}$	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *